

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 30, 2003 8:00 am
Secretary of State

0171976 AV

04-30-2003 90137 002 ***150.00

DOCUMENT # P99000090468

1. Entity Name
MAJOR MEDICAL INDUSTRIES, INC.



Principal Place of Business
1590 NW 170TH AVE
PEMBROKE PINES FL 33028

Mailing Address
1590 NW 170TH AVE
PEMBROKE PINES FL 33028

11029849



2. Principal Place of Business
8161 N.W. 67th STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLA

City & State

Zip
33166

Country
USA

Zip

Country

4. FEI Number **65-0955343**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, JORGE
1590 NW 170TH AVE
PEMBROKE PINES FL 33028

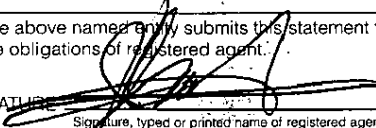
7. Name and Address of New Registered Agent

Name **MUNOZ JORGE**

Street Address (P.O. Box Number is not acceptable)
8161 N.W. 67th ST.

City **MIAMI** State **FL** Zip **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **JORGE R. MUÑOZ**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD MUNOZ, JORGE R 1590 NW 170TH AVE PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VSD MUNOZ, VIOLA A 1590 NW 170TH AVE PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD MUNOZ, JORGE R. 8161 N.W. 67th ST. MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD VIOLA A. MUNOZ 8161 N.W. 67th ST. MIAMI, FLA. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **305-594-5950**

Date Daytime Phone #

CR2E034 (10/02)